


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90046 041 ****61.25

DOCUMENT # 758323 1. Entity Name NATIONAL EXAMINING BOARD OF OCULARISTS, INC.					
Principal Place of Business 625 FIRST AVENUE SUITE 220 CORALVILLE, IA 52241-2101			Mailing Address 625 FIRST AVENUE SUITE 220 CORALVILLE, IA 52241-2101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2125778	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WYATT, DAVID R % L&B LABORATORIES, INC. 3403 POWERLINE RD., STE. 806 FT. LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restoring) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN J. KELLY 101 W.READ STREET STE 817 BALTIMORE, MD 21201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O BULGARELLI, VAUNE 625 1st AVE SUITE 200 CORALVILLE IA 52241
TITLE NAME STREET ADDRESS CITY-ST-ZIP VCPD COTTON, ANGELA 505 MEDLOCK RD. DECATUR, GA 30030		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P ANGELA COTTON " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HILL, GARY 5225 OVERBROOK SACRAMENTO, CA 95841		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VC DEAN, TOM 1538 SHERBROOKE ST W STE 852 MONTREAL, CA h3g115		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>VAUNE BULGARELLI</u> VAUNE BULGARELLI <u>3/5/04</u> 3193543434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					